STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355095	A. BUILDING _____ B. WING _____	09/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - OAKES	**213 N 9TH ST OAKES, ND 58474**

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E 000	Initial Comments A recertification survey conducted on 09/19/2023 found Good Samaritan Society - Oakes in compliance with the requirements of 483.73 Long-Term Care Facilities Emergency Preparedness.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/29/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	355095	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**09/19/2023**

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K 000	INITIAL COMMENTS This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The facility was located in a one-story building of Type V (000) construction with a dry automatic fire sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems.	K 000		
K 232 SS=D	Aisle, Corridor, or Ramp Width CFR(s): NFPA 101 Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This REQUIREMENT is not met as evidenced by: The facility failed to maintain the means of egress in accordance with Chapter 7 and the ADA, Americans with Disabilities Act. Means of egress must be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. The width of means of egress shall be measured in the clear at the narrowest point of the exit component under	K 232	Administrator and Maintenance will order new light fixtures to replace the 11 wall mounted light fixtures on the Northwest corridor and the 11 wall mounted light fixtues on the Southwest corridorr. Upon arrival of new lights, electrician will be called to intall new light fixtures. Maintenance will put work order in the	9/29/23

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K 232	Continued From page 1 consideration. Exception: Projections not more than 4 1/2 in. (114 mm) on each side shall be permitted at 38 in. (965 mm) and below. 7.1.10.1, 7.3.2.2 In addition to the requirements of the Life Safety Code, health care facilities must comply with the requirements of the ADA, including the requirements for protruding objects. The 2010 Standards for Accessible Design generally limit the protrusion of wall-mounted objects into corridors to no more than 4 inches from the wall when the object's leading edge is located more than 27 inches, but not more than 80 inches, above the floor. This requirement protects persons who are blind or have low vision from being injured by bumping into a protruding object that they cannot detect with a cane. Although the Life Safety Code allows 6-inch projections, under the ADA, objects mounted above 27 inches and no more than 80 inches high can only protrude a maximum of 4 inches into the corridor beyond a detectable surface mounted less than 27 inches above the floor (except for certain handrails which may protrude up to 4 1/2 in.) Observation determined: 1) There were eleven (11) wall-mounted light fixtures in the exit corridor, 66" above the floor that petruded into the corridor 10" from the wall, in the Northwest wing. 2) There were eleven (11) wall-mounted light fixtures in the exit corridor, 68" above the floor that petruded into the corridor 8" from the wall, in the Southwest wing. The corridor was eight (8) feet wide at all	K 232	Tels system to monitor project completion. The deficiency will be corrected by 11/01/2023.	

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K 232	Continued From page 2 locations. Failure to maintain the means of egress to be available at all times increases the risk of death or injury due to fire. The deficiency affected egress from two (2) of six (6) exits from the building.	K 232		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency	K 291	Maintenance will conduct the annual 90 minute test of hte emergency battery back up. Maintenance will put work order in Tels system to monitor for yearly testing requirement for compliance. This deficiency was corrected on 09/25/2023.	9/29/23

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K 291	Continued From page 3 lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of records indicated the facility failed to conduct a 90-minute annual test of the emergency battery back-up light in the past year. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights in the building.	K 291		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops	K 321		9/29/23

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K 321	Continued From page 4 d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. 19.3.2.1 The facility failed to ensure hazardous areas in fully sprinklered existing health care occupancies were separated from other spaces by smoke-resisting partitions and self-closing doors. Observation determined the corridor door to the Storeroom in the 700 wing failed to self-close and latch into the door frame. Failure to ensure hazardous areas were separated from other spaces by smoke-resisting partitions increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous hazardous areas in the facility.	K 321	Maintenance repaired the self close and latch on the door frame to allow the door to close and latch properly. Maintenance will monitor all self closing doors for compliance monthly with the Tels System. Deficiency was corrected on 09/20/2023.	
K 712 SS=E	Fire Drills CFR(s): NFPA 101 Fire Drills	K 712		9/29/23

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K 712	Continued From page 5 Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: The facility failed to conduct fire drills as required. Fire drill records review determined: 1- A fire drill was not conducted on the first, second, and third shifts during the first quarter of 2023. 2- A fire drill was not conducted on the first shift during the second quarter of 2023. 3- A fire drill was not conducted on the second shift during the fourth quarter of 2022. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected five (5) of twelve (12) drills in the past year.	K 712	Administrator/Maintenance will conduct monthly fire drills as outlined in the Tels system to ensure proper compliance with first shift, second shift, and third shift. Administrator will in-service staff on fire drill protocol and education was provided to maintenance on monthly fire drill routine and documentation. An audit was completed for previous months missed and administrator will audit maintenance for proper fire drill schedule and routine quarterly. These deficiencies will be corrected by 11/01/2023.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of	K 918		9/29/23

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K 918	Continued From page 6 supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: The facility failed to ensure the emergency generator was in compliance with NFPA 99, Health Care Facilities Code and NFPA 110, Standard for Emergency and Standby Power Systems.	K 918	Administrator/Maintenance will conduct weekly generator testing and inspections as required per the Tels System. An audit had be completed to monitor compliance in previous missed weeks.	

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K 918	Continued From page 7 Review of generator test records and interview with staff determined the weekly inspections of the emergency generator had not been completed during all weeks in the past year. Failure to inspect, test and maintain emergency generators in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected one (1) emergency generator which provide all emergency power to the facility.	K 918	Administrator will audit Maintenance inspection sheets for 3 months weekly. Administrator will present findings to the QAPI committee to regulate compliance. These deficiencies will be corrected by 11/01/2023.	